



2017-2018 Loss of Income Appeal

Important Note: Applications will not be accepted after December 1st, 2017

In some instances, the Free Application for Federal Student Aid (FAFSA) does not adequately reflect a family's financial situation due to extenuating circumstances. Hocking College has the authority to make adjustments to the information submitted on the FAFSA on a case by case basis. Please submit all requested documentation to enable a thorough review of your appeal. Appeals that demonstrate extenuating circumstances with appropriate documentation will be considered for income adjustments. Submission of this appeal is not a guarantee that any adjustments will be made to your financial aid data. Therefore, you should use the current estimated financial aid awards as the basis of financial assistance you can receive. **Once you have submitted all completed documentation, please allow up to 4-6 weeks for review and processing.**

Student Information *(please print clearly)*

Student Name _____

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Student ID #

Required Documentation

- The completed Loss of Income Appeal form including the [Estimate of Income for 2017](#), page 2
- A written statement outlining the extenuating circumstances for this appeal signed by the student and a parent (if you are dependent).
- If you are a **DEPENDENT** student, complete and submit the V1 Verification forms. You may download the forms at: <https://www.hocking.edu/financial-aid-forms>
- If you are an **INDEPENDENT** student, complete and submit the V1 Verification forms. You may download the forms at: <https://www.hocking.edu/financial-aid-forms>
- Supporting documentation confirming the loss of income (e.g., a copy of the involuntary separation letter from the previous employer)

Examples of extraordinary circumstances may include:

Unusual Expenses:

- Bankruptcy expenses paid out-of-pocket
- Legal expenses paid out-of-pocket
- Disability related expenses (e.g., wheelchair, ramping for home)
- Medical and dental expenses paid out of pocket, not covered by insurance provider
- Tuition paid for elementary, middle and high school (K-12) at private or parochial schools
- Moving expenses

Involuntary Loss of Wages or Benefits:

- Loss of Job by income earner
- Death, divorce, separation of an income earner
- Disability/injury
- Loss of benefits (e.g., workers' compensation, child support, etc.)

Hocking College Loss of Income Appeal 2017-2018

Student Information *(please print clearly)*

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Last Name	First Name	MI	Student ID #						

Estimate of Income for 2017

Complete each section in its entirety. If the line does not pertain to you, enter '0'. In the sections pertaining to benefits, please indicate the recipient of the benefit (e.g., self, mother, step-father, spouse, etc.). List the total income received and estimated from January 1, 2017 through December 30, 2017. If needed, multiply the dollar amount by the appropriate number of weeks/months paychecks to determine the gross amount to list below (e.g., \$1000 x 12 months = \$12,000). If any of the benefits listed below are pending, do not submit this form until you receive confirmation of the amount from the provider.

Please submit copies of benefit paperwork for all that apply below.	Actual <small>(1/1/17 to Today)</small>	Estimated <small>(Today to 12/31/17)</small>	Total
Gross Income from Work (Attach paystubs for the year.)			
By Parent 1	\$ _____	\$ _____	\$ _____
By Parent 2 or	\$ _____	\$ _____	\$ _____
By Student (if Independent)	\$ _____	\$ _____	\$ _____
By Student's Spouse	\$ _____	\$ _____	\$ _____
Unemployment Benefits/Worker's Compensation Recipient _____	\$ _____	\$ _____	\$ _____
Military/Clergy Housing Allowance Recipient _____	\$ _____	\$ _____	\$ _____
Taxable Social Security	\$ _____	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____	\$ _____
Disability Recipient _____	\$ _____	\$ _____	\$ _____
Payments to tax-deferred pension and savings	\$ _____	\$ _____	\$ _____
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh or other retirement plans	\$ _____	\$ _____	\$ _____
Untaxed portions of pensions or IRA distributions	\$ _____	\$ _____	\$ _____
Other Income Sources:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Certification Statement and Signature(s): I (we) hereby acknowledge that I (we) understand that if the requested documentation is not submitted the appeal can be denied. I (we) understand that my FAFSA will be selected for verification to resolve any potential conflicting data. I (we) understand that providing false or misleading information may result in a fine, imprisonment or both. I (we) further understand that the decision of the Financial Aid Department is final. *(If you are a dependent student, at least one of your parents must sign this form).*

Student's Signature

Date

Parent's Signature

Date